

## **Mentee Application Form**

Personal Info	rmation			
1. Name: First		MI	Last	
2. Address:	City		Country	
3. Phone#:			-	
4. Email Address:				
5. Gender:	_ Female	Male		
Parent(s) Infor	mation			
6. Parent(1)/: Guardian	First	MI		Last
7. Phone#:		_ Email Address: _		
8. Parent(2)/: Guardian	First	MI		Last

9. Phone#: Email Address:
10. Why do you want to be mentored?
11. Select the area/areas where you would like to be mentored CareerAcademicsPersonal DevelopmentSocial/Life SkillsSpiritual GuidanceAll of the AboveOther
12. What are your academic goals?
13. What are your career goals?
14. Mentoring Contact Preference:PhoneFace to FaceVideo (Zoom, Skype, etc.)
15. Can you commit to meeting with your mentor at least once per month?
YESNO
16. Mentee Signature:
17. Date:/
18. Parent/Guardian Signature:
19. Date:/

**NOTE:** All information submitted on this form will remain confidential.